

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559490

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
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14		2				
15	1					
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27		2				
28		2				
29			1			
30				1		
31				1		
32				1		
33				4		
34			1			
35				1		
36				1		
37				3		
38			1			
39				1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		13	←		←
TOTAL CLAIMS			16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						